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MAR 17 2009CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSIONSTATEMENT OF ECONOMIC INTERESTS  
COVER PAGEGOVERNOR'S OFFICE  
LEGAL AFFAIRS

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Suski	Jakob	Robert Miroslaw	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
Governor's Office, State Capitol Building	Sacramento	CA	95814
			OPTIONAL: FAX / E-MAIL ADDRESS

## 1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of the Governor

Division, Board, District, if applicable:

Your Position:

Deputy Communications Director

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

☒ State☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Multi-County \_\_\_\_\_☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_☒ Annual: The period covered is January 1, 2008,  
through December 31, 2008.

-or-

☒ The period covered is 04/14/08, through  
December 31, 2008.☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2008, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.☐ Candidate Election Year: \_\_\_\_\_

## 4. Schedule Summary

► Total number of pages  
including this cover page: 1► Check applicable schedules or "No reportable  
interests."I have disclosed interests on one or more of the  
attached schedules:Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*Schedule B ☐ Yes – schedule attached  
*Real Property*Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*Schedule D ☐ Yes – schedule attached  
*Income – Gifts*Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☒ No reportable interests on any schedule

## 5. Verification

I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.

Date Signed \_\_\_\_\_

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)